

4885

121

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 20Registrar's No. 20

1. Place of Death: (a) County Greenlee (b) City or Town Morenci (c) Location St. & No. (or) Name of Institution
(If outside city limits also write RURAL) 1840 ; In Arizona 1840
(d) Length of Stay: In Hospital or Institution 1 day ; In Community 18 yrs
(Specify whether years, months or days) Greenlee ; (e) City or Town Morenci
(If outside city limits also write RURAL) ?
2. Usual Residence of Deceased: (a) State Ariz ; (b) County Greenlee ; (c) City or Town Morenci
(If outside city limits also write RURAL) ?
(d) Street No. ? ; (e) If foreign born, in U. S. A. ? yrs.
(b) If veteran ? (c) Social Security No. ?
(If NONE write the word)

3. (a) FULL NAME John Cotton Coleman (b) If veteran ? (c) Social Security No. ?
(If NONE write the word)

4. Sex Male Color or Race White 5. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Don't know 6. (c) Age of husband or wife, if alive ? yrs.

7. Birthdate of deceased Dec 27 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 24 If less than one day hrs. min.

9. Birthplace Sydney Australia
(City, town or county) (State or Country)

10. Usual Occupation Boiler Maker

11. Industry or Business Copper Mining

12. Name Don't know

13. Birthplace Don't know
(City, town or county) (State or Country)

14. Maiden Name Don't know

15. Birthplace Don't know
(City, town or county) (State or Country)

16. (a) Informant's own signature J. Williams
(b) Address Morenci Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Morenci (c) Date 7/24 1942

18. (a) Embalmer's Signature J. Williams
(b) Funeral Director MOMILLEN FUNERAL HOME
(c) Address Clifton Ariz

19. (a) Feb 24 - 1942
(Date received local Registrar)

(b) J. Williams
(Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 7/23 1942
TIME (Hour and minute) 6 A.M.

21. I hereby certify that I attended the deceased from 7/21
1942 to 7/23 1942
that I last saw him alive on 7/22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Labor - Pneumonia

Due to ?

Due to ?

Other conditions ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations ?

Of autopsy ?

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) ?

(b) Date of occurrence ?

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury ?

23. Signature C. P. Austin M.D.
Address Morenci Date signed 7/24-42

DURATION

3 Days

PHYSICIAN

Underline the cause to which death should be charged statistically.